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BIB DATA SHEET

CONFIRMATION NO. 1542

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/780,476	02/16/2004 RULE	600	3736	

APPLICANTS

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**** CONTINUING DATA *******

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY ***

RE-REQUIRED
05/10/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		OK	0	12	2
Verified and Acknowledged	/JEFFREY GERBEN HOEKSTRA/ Examiner's Signature	Initials				

ADDRESS

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TITLE

METHOD TO REDUCE INFLAMMATION AND TACTILE FINGER SENSATION DEFICIT DUE TO CARPAL TUNNEL SYNDROME OR ARTHRITIS

FILING FEE RECEIVED 385	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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